

SECOND REGULAR SESSION

# SENATE BILL NO. 1229

94TH GENERAL ASSEMBLY

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INTRODUCED BY SENATORS KOSTER, KENNEDY AND SMITH.

Read 1st time February 27, 2008, and ordered printed.

TERRY L. SPIELER, Secretary.

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## AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to mandatory insurance for autism.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Chapter 376, RSMo, is amended by adding thereto one new  
2 section, to be known as section 376.1224, to read as follows:

**376.1224. 1. For purposes of this section, the following terms  
2 shall mean:**

3       (1) "Applied behavior analysis", the design, implementation, and  
4 evaluation of environmental modifications, using behavioral stimuli  
5 and consequences, to produce socially significant improvement in  
6 human behavior, including the use of direct observation, measurement,  
7 and functional analysis of the relations between environment and  
8 behavior;

9       (2) "Autism service provider", any person, entity, or group that  
10 provides treatment of autism spectrum disorders;

11       (3) "Autism spectrum disorders", a neurobiological disorder that  
12 includes any of the pervasive developmental disorders as defined in the  
13 most recent edition of the Diagnostic and Statistical Manual of Mental  
14 Disorders, including Autistic Disorder, Asperger's Disorder, Rett's  
15 Syndrome, Childhood Disintegrative Disorder, and Pervasive  
16 Developmental Disorder Not Otherwise Specified;

17       (4) "Carrier", shall have the meaning ascribed to such term in  
18 subdivision (6) of subsection 2 of section 379.930;

19       (5) "Diagnosis of autism spectrum disorders", medically necessary  
20 assessments, evaluations, or tests in order to diagnose whether an  
21 individual has an autism spectrum disorder;

22           (6) "Evidence-based research", research that applies rigorous,  
23 systematic, and objective procedures to obtain valid knowledge  
24 relevant to autism spectrum disorders;

25           (7) "Habilitative or rehabilitative care", professional, counseling,  
26 and guidance services and treatment programs, including applied  
27 behavior analysis, that are necessary to develop, maintain, and restore,  
28 to the maximum extent practicable, the functioning of an individual;

29           (8) "Medically necessary", any care, treatment, intervention,  
30 service, or item that is prescribed, provided, or ordered by a licensed  
31 physician or a licensed psychologist in accordance with accepted  
32 standards of practice and that will, or is reasonably expected to, do any  
33 of the following:

34           (a) Prevent the onset of an illness, condition, injury, or  
35 disability;

36           (b) Reduce or ameliorate the physical, mental, or developmental  
37 effects of an illness, condition, injury, or disability; or

38           (c) Assist to achieve or maintain maximum functional capacity  
39 in performing daily activities, taking into account both the functional  
40 capacity of the individual and the functional capacities that are  
41 appropriate for individuals of the same age;

42           (9) "Neurobiological disorder", an illness of the nervous system  
43 caused by genetic, metabolic or other biological factors;

44           (10) "Pharmacy care", medications prescribed by a licensed  
45 physician and any health-related services deemed medically necessary  
46 to determine the need or effectiveness of the medications;

47           (11) "Small employer", shall have the meaning ascribed to such  
48 term in section 379.930.2(34);

49           (12) "Therapeutic care", services provided by licensed or certified  
50 speech therapists, occupational therapists, or physical therapists;

51           (13) "Treatment for autism spectrum disorders", shall include the  
52 following care prescribed, provided, or ordered for an individual  
53 diagnosed with an autism spectrum disorder by a licensed physician,  
54 licensed psychologist, or certified registered nurse practitioner if the  
55 care is determined to be medically necessary:

56           (a) Psychiatric care;

57           (b) Psychological care;

58           (c) Habilitative or rehabilitative care;

59           (d) Therapeutic care;  
60           (e) Pharmacy care;  
61           (f) Nutritional supplements;  
62           (g) Applied behavior analysis therapy;  
63           (h) Any care, treatment, intervention, service or item for  
64 individuals with an autism spectrum disorder which is determined by  
65 the department of health and senior services, based upon its review of  
66 best practices or evidenced-based research, to be medically necessary.

67           2. Each carrier or health benefit plan that offers or issues health  
68 benefit plans which are amended, delivered, issued, or renewed after  
69 January 1, 2009, shall provide individuals under twenty-one years of  
70 age coverage for the diagnosis of autism spectrum disorders and for the  
71 treatment of autism spectrum disorders to the extent that the diagnosis  
72 and treatment of autism spectrum disorders are not already covered by  
73 the policy of accident and health insurance or managed care plan.

74           3. With regards to a health benefit plan, a carrier shall not deny  
75 or refuse to issue coverage on, refuse to contract with, refuse to renew,  
76 or refuse to reissue or otherwise terminate or restrict coverage on an  
77 individual solely because the individual is diagnosed with an autism  
78 spectrum disorder.

79           4. Coverage provided under this section for applied behavior  
80 analysis shall be subject to a maximum benefit of fifty thousand dollars  
81 per year, but shall not be subject to any limits on the number of visits  
82 to an autism service provider. After December 30, 2008, the director of  
83 the department of insurance, financial and professional registration  
84 shall, on an annual basis, adjust the maximum benefit for inflation  
85 using the Medical Care Component of the United States Department of  
86 Labor Consumer Price Index for All Urban Consumers. Payments made  
87 by an insurer on behalf of a covered individual for any care, treatment,  
88 intervention, service, or item, the provision of which was for the  
89 treatment of a health condition unrelated to the covered individual's  
90 autism spectrum disorder, shall not be applied toward any maximum  
91 benefit established under this subsection.

92           5. Coverage under this section shall be subject to co-payment,  
93 deductible, and coinsurance provisions of a health benefit plan to the  
94 extent that other medical services covered by the policy of health  
95 benefit plan are subject to these provisions.

96           6. This section shall not be construed as limiting benefits which  
97 are otherwise available to an individual under a health benefit  
98 plan. The health care services required by this section shall not be  
99 subject to any greater deductible or co-payment than other health care  
100 services provided by a health benefit plan.

101           7. The department of health and senior services shall establish  
102 standards to be utilized by health benefit plans for the credentialing of  
103 autism service providers. The department of health and senior services  
104 may require that health benefit plans grant credentials to any autism  
105 services provider whom the department of health and senior services  
106 determines meets or exceeds the department of health and senior  
107 services' credentialing standards.

108           8. Except for inpatient services, if an individual is receiving  
109 treatment for an autism spectrum disorder, a health benefit plan will  
110 have the right to request a review of that treatment not more than once  
111 every six months unless the health benefit plan and the individual's  
112 licensed physician or licensed psychologist agrees that a more frequent  
113 review is necessary. The cost of obtaining any review will be borne by  
114 the carrier.

115           9. This section shall not apply to health benefit plans offered  
116 solely to an individual or through a small employer.

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